

Epi Update for Friday, June 29, 2018
Center for Acute Disease Epidemiology (CADE)
Iowa Department of Public Health (IDPH)

Items for this week's EPI Update include:

- **Recommendations for use of rabies immunoglobulin (higher potency rabies immunoglobulin available)**
- ***Cyclospora* update**
- **All shiga toxin-producing *E. coli* are reportable in Iowa**
- **Sores and history of sheep/goat exposure? Think orf virus.**
- **In the news: Florida teen first human case of mosquito-borne virus**
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- **Infographic: CDC Flooding**
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Recommendations for use of rabies immunoglobulin (higher potency rabies immunoglobulin available)

Rabies Immunoglobulin (RIG) is indicated for post-exposure prophylaxis in persons exposed to rabies and who 1) did not receive appropriate pre-exposure prophylaxis or 2) have not previously received post-exposure prophylaxis for rabies in accordance with ACIP recommendations. A recently released HyperRab® immunoglobulin product has a different concentration compared to all other rabies immunoglobulins (including the very similarly named HyperRab™ S/D) – requiring lower volumes to administer the recommended dose of 20 IU/kg (because the concentration is higher, less RIG will need to be administered). Care should be taken to ensure the correct dose of immunoglobulin is administered to ensure adequate immune response.

If the bite site is known:

- Infiltrate as much of the dose as possible into and around any detectable bite wounds.
- Inject any remaining volume intramuscularly into the upper arm deltoid region or, in small children, into the anterolateral aspect of the thigh. Administer the remaining RIG at a site(s) distant from the site of the rabies vaccine (such as the quadriceps).
- Avoid administration into the gluteal region, where absorbance is unpredictable (unless the exposure site is in the gluteal region).

When the bite site is unknown or indeterminate or if infiltration is difficult at the bite site (e.g., lips, fingers, knee), administer the full RIG dose by the intramuscular route at a site distant from the site of rabies vaccination.

If a large intramuscular volume is required (>2 mL for children or >5 mL for adults), administer the total volume in divided doses at different sites.

Refer to the RIG package insert for additional administration instructions. For information about rabies biologics, visit https://www.cdc.gov/rabies/medical_care/index.html.

***Cyclospora* update**

IDPH, in collaboration with local public health partners, the Iowa Department of Inspections and Appeals (DIA), and the State Hygienic Lab (SHL), continues to investigate cases of *Cyclospora* around Iowa. So far this year, 34 laboratory-confirmed *Cyclospora* infections have been reported in 12 Iowa counties. Five of these cases are associated with an outbreak linked to vegetable trays sold at Kwik Trip, Kwik Star and Tobacco Outlet stores. In total, over 100 cases of *Cyclospora* from Minnesota, Iowa, Michigan and Wisconsin have been linked to these vegetable trays.

If you suspect a patient has been infected with *Cyclospora*, please collect a stool specimen and request *Cyclospora*-specific testing (ova and parasite test with acid-fast stain or PCR testing). IDPH is also requesting that positive *Cyclospora* specimens are forwarded to SHL for further analysis.

For more information on the Iowa *Cyclospora* investigation and updated case counts, visit idph.iowa.gov/ehi/cyclospora.

For more information on the multistate outbreak linked to vegetable trays, visit www.cdc.gov/parasites/cyclosporiasis/outbreaks/2018/a-062018/index.html

All shiga toxin-producing *E. coli* are reportable in Iowa

In recent weeks, IDPH has had multiple facilities ask for clarification regarding which types of *E.coli* are reportable diseases in Iowa. Most types of *E.coli* are harmless and an important part of a healthy intestinal tract, but some are pathogenic and may cause illness. Among these pathogenic *E. coli*, some produce shiga toxin. The most commonly identified shiga toxin-producing *E. coli* (STEC) in the U.S. is *E.coli* O157:H7, but there are many other serogroups of STEC that can cause disease.

In Iowa, all shiga toxin-producing *E.coli* (STEC) are reportable, not just *E. coli* O157:H7.

Sores and history of sheep/goat exposure? Think orf virus.

IDPH was recently made aware of a case of orf virus in an individual that works closely with sheep and had a pustule on their upper lip. The patient tested positive via PCR testing at CDC.

Sore mouth, or contagious ecthyma, is a viral infection caused by orf virus, a member of the poxvirus group. Sore mouth is primarily an infection of sheep and goats, and is commonly found in animals throughout the U.S. Sores are typically

found on the lips, muzzle, and mouth of infected animals. Animals usually recover completely within a month without treatment.

Rarely, people can be infected with orf virus when they come in contact with infected animals or equipment. Orf virus can cause painful sores (most often on the hands) which can last for two months and usually heal without scarring. People do not infect other people. Consider orf virus in patients presenting with sores that are not responding to antibiotic therapy and who have a history of sheep or goat exposure. Currently, there is no approved treatment for orf virus infection.

Advise patients who have frequent contact with sheep or goats to:

- Wear non-porous (i.e., rubber or latex) gloves when handling sheep or goats, especially if they have an open cut or sore on their hands and when they are handling an animal's mouth/muzzle area.
- Practice good hand hygiene by washing with clean, warm water and soap for at least 20 seconds or use alcohol-based hand sanitizer when soap is not available and hands are not visibly soiled.

For additional information on orf virus, visit www.cdc.gov/ncidod/dvrd/orf_virus.

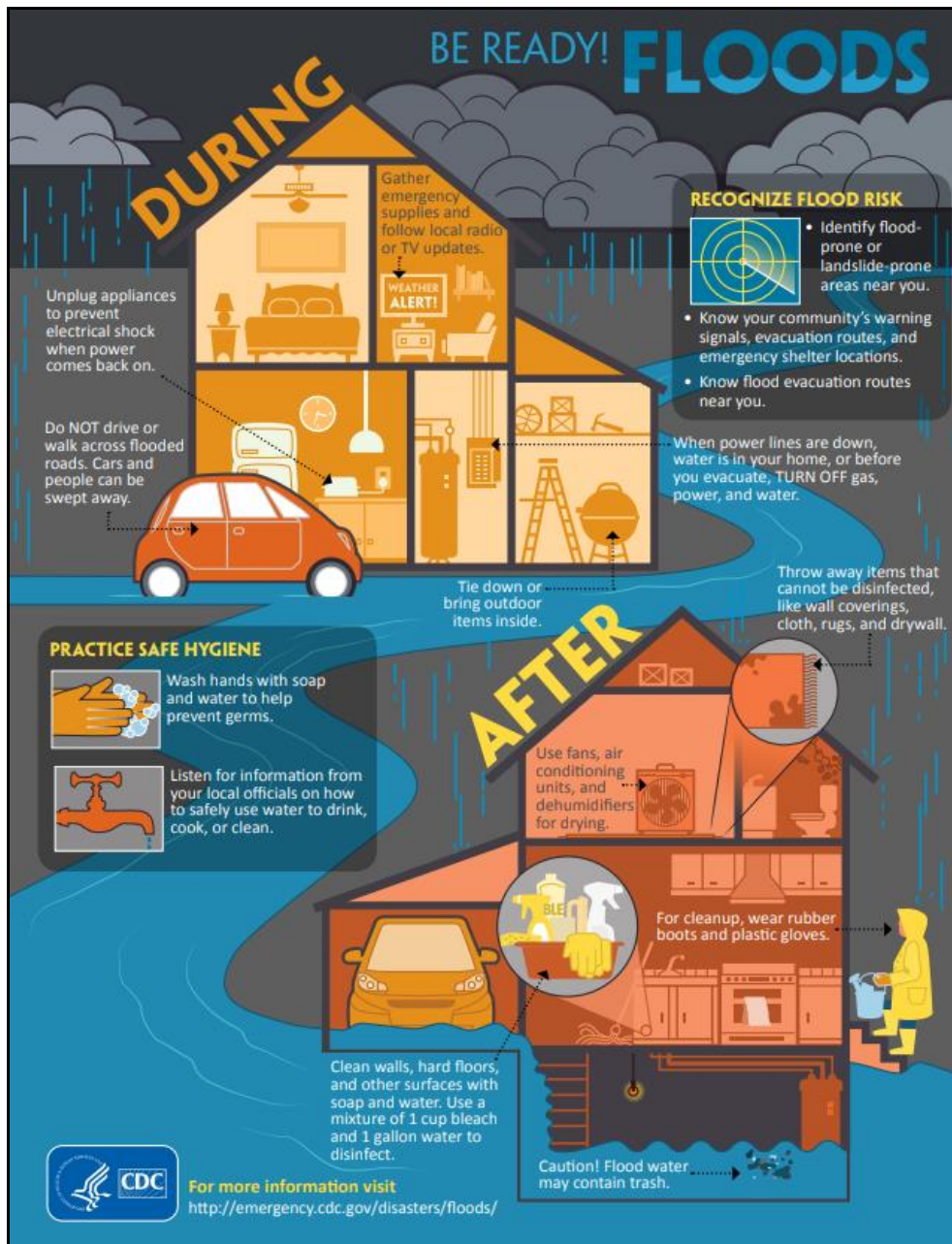
In the news: Florida teen first human case of mosquito-borne virus

www.webmd.com/a-to-z-guides/news/20180620/florida-teen-first-human-case-of-another-mosquito-borne-virus#1

In the news: When an Iowa family doctor takes on the opioid epidemic

www.nytimes.com/2018/06/23/health/opioid-addiction-suboxone-treatment.html

Infographic: Be ready! Floods



To view in full size, visit

www.cdc.gov/phpr/infographics/00_docs/beready_floods.pdf.

Meeting announcements and training opportunities

None

Have a healthy and happy week!

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Iowa Department of Public Health

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